

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S61638 (0)

1. Corporation Name
PERSONAL SOFT TRADING INC.



Principal Place of Business: **6700 S.W. 57TH TERRACE MIAMI FL 33143**
Mailing Address: **6700 S.W. 57TH TERRACE MIAMI FL 33143**

3. Date Incorporated or Qualified: **06/20/1991** 3a. Date of Last Report: **03/16/1995**
4. FEI Number: **65-0268126** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ABRAMI, JUAN J.
6700 S.W. 57TH TERRACE
MIAMI FL 33143**

81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____ **FL** 85 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D <input type="checkbox"/> DELETE	NAME: ABRAMI, JUAN J.	1.1 TITLE: DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 6700 S.W. 57TH TERRACE	CITY-ST-ZIP: MIAMI FL	1.2 NAME: _____	
TITLE: _____ <input type="checkbox"/> DELETE	NAME: _____	1.3 STREET ADDRESS: _____	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	1.4 CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> DELETE	NAME: _____	2.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	2.2 NAME: _____	
TITLE: _____ <input type="checkbox"/> DELETE	NAME: _____	2.3 STREET ADDRESS: _____	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	2.4 CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> DELETE	NAME: _____	3.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	3.2 NAME: _____	
TITLE: _____ <input type="checkbox"/> DELETE	NAME: _____	3.3 STREET ADDRESS: _____	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	3.4 CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> DELETE	NAME: _____	4.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	4.2 NAME: _____	
TITLE: _____ <input type="checkbox"/> DELETE	NAME: _____	4.3 STREET ADDRESS: 400001834634	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	4.4 CITY-ST-ZIP: -05/22/96--01055--006	
TITLE: _____ <input type="checkbox"/> DELETE	NAME: _____	5.1 TITLE: ***200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	5.2 NAME: _____	
TITLE: _____ <input type="checkbox"/> DELETE	NAME: _____	5.3 STREET ADDRESS: _____	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	5.4 CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> DELETE	NAME: _____	6.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	6.2 NAME: _____	
TITLE: _____ <input type="checkbox"/> DELETE	NAME: _____	6.3 STREET ADDRESS: _____	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	6.4 CITY-ST-ZIP: _____	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JUAN J. ABRAMI** **4-2-96** **(305) 666-1846**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ DATE: _____ DAYTIME PHONE #: _____

CR2E034 (12/95)